

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031088

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 380

Primary Registration District No. 3076

Registrar's No. 138

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 16 1963

1. PLACE OF DEATH

a. COUNTY Vernon

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Nevada

Length of stay in 1b

4 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Nevada City Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Vernon

c. CITY OR TOWN Montevallo

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last Joseph Rapp

First Middle Last

4. DATE OF DEATH Month Day Year July 4 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7/19/1872

9. AGE (last birthday)

90

IF UNDER 1 YEAR IF UNDER 24 Hrs

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Cedar Co. Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John J. Rapp

13b. MOTHER'S MAIDEN NAME

Mary Walton

14. NAME OF HUSBAND OR WIFE

Sydney Ellen Heistand

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

no

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mrs. Gentie Highley Montevallo, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic cerebrovascular disease

INTERVAL BETWEEN ONSET AND DEATH Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Arteriosclerosis, severe

Unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Intertrochanteric fracture, right hip

PART III. If deceased was female w. there a pregnancy in last 90 day

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell, getting out of bed

20c. TIME OF INJURY Hour a.m. p.m. approx 4:00 a.m. 5-19-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Nursing Home

20f. CITY, TOWN, OR LOCATION

Nevada

COUNTY

Vernon

STATE

Mo.

21. I attended the deceased from October 1958 to July 4, 1963 and last saw her/him alive on July 4, 1963

Death occurred at 7:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James J. Pascoe M.D.

(Degree or title)

22b. ADDRESS

Moore Building, Nevada, Mo

22c. DATE SIGNED

7-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 7, 1963

23c. NAME OF CEMETERY OR CREMATORY

Olive Branch Cemetery

23d. LOCATION (City, town, or county)

Vernon Co. Missouri

(State)

24. FUNERAL DIRECTOR

Beery Funeral Home Sheldon, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

7-13-1963

26. REGISTRAR'S SIGNATURE

Anna E. Jarry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *L. Bernard Perry*

Licensed Embalmer No. *4461*

P. O. Address *Sheldon Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.